

**Massachusetts All-Payer Claims Database
Monthly Technical Assistance Group (TAG) Conference Call
Meeting Notes**

Date: Tuesday, June 14, 2011

Time: 2:00 pm – 3:00 pm EST

Conference Line: 888-710-9336; Pass Code: 3306530

Attendees: Aetna, Allstate Life Insurance Company, Altus Dental Insurance Company, Inc., American Family Life Assurance Company of Columbus, Ameritas Life Insurance Corporation, Boston Medical Center HealthNet Plan, Celticare of Massachusetts, Cigna Health, Inc., Connecticut General Life Insurance Co. , Dentegra Insurance Company, Division of Health Care Finance and Policy, Express Scripts Inc, Fallon Community Health Plan, Golden Rule Insurance Company, Great-West Life & Annuity Insurance Company - FAC, Harvard Pilgrim Health Care, Health New England, Inc., Horizon Blue Cross and Blue Shield of NJ, Insurance Programmers, Inc., Medco Containment Life Insurance Company, Metropolitan Life Insurance Company, Network Health, New England Dental Administrators, Physicians Mutual Insurance Company, Principal Life Insurance Company, Reliance Standard Life Insurance Company, Standard Insurance Company, Sun Life Financial, The Lincoln National Life Insurance Company, Transamerica Life and Protection, Tufts Health Plan, UMR, Inc., UniCare Life and Health Insurance Company, United Healthcare Insurance Company , United Healthcare Student Resources, Wellpoint, Inc., Zenith Administrators, Inc.

The Division of Health Care Finance and Policy (Division) convenes a monthly technical assistance group (TAG) conference call with health care payers to discuss the all-payer claims database (APCD) implementation and provide technical support to the group. The following is a summary of the meeting from Tuesday, June 14, 2011:

I. Welcome and Introduction

Y. Joo welcomed everyone to the TAG call and conducted a roll call of payers that were on the TAG call. Y. Joo thanked payers for joining the TAG call and for their efforts to submit data and updated variance request applications. He reviewed the TAG call agenda with payers.

II. APCD Implementation Updates

a. APCD Forum Events in May

- Y. Joo informed payers that last month, the Division held a series of three public forums to discuss APCD data uses, data release, and data governance with the over 200 individuals representing a broad and diverse constituency. All of the presentations for the series of forums can be found on our website (<http://www.mass.gov/dhcfp/apcd>) under “APCD Events.”

- At the May 20th APCD forum event, the Division stated its plans to convene two workgroups that payers are encouraged to participate in but are open to any interested stakeholder. The APCD analytic and technical workgroups will be launched fall 2011.
- APCD Analytic Workgroup - Establish tactical approaches to using APCD data to support the broad analytic needs of stakeholders
 - Determine data definitions
 - Share ideas for data uses
 - Improve quality assurance and identify any gaps in data completeness
 - Discuss appropriate tools to analyze data
 - Determine future data needs and propose potential enhancements
- APCD Technical Workgroup – Establish standards to assure the highest data quality, security, and integrity
 - Maintain APCD file specifications and make recommendations for data structure
 - Help maintain supporting documentation
 - Ensure completeness of data submissions
 - Assist with carrier-government communications
 - Contribute to data enhancements
 - Provide expertise and guidance to ensure alignment with regional and national data standardization activities

b. Payer Compliance as of May 31st Deadline

- Massachusetts health care payers were required to submit monthly claims data for November, 2010 through January, 2011 by February 28, 2011 and to submit a variance request and claims data for 2008, 2009 and 2010 by May 31, 2011. In addition, subsequent monthly claims data submissions were required effective March 31, 2011. Currently data for February 2011, March 2011, and April 2011 should also have been submitted.
- The Division is conducting an inventory of payer submissions to identify the submission status of each entity. Y. Joo stated that if a payer has not submitted any/all data, a letter of noncompliance will be sent out shortly to their organization notifying them of incomplete reporting compliance.
- J. Wertheimer from Network Health asked if the Division would be notifying payers of the specific files that are missing.
 - Marc Prettenhofer confirmed that the liaisons will reach out to payers and identify which specific files payers are missing.

c. Extension Request Process

- Y. Joo informed payers that have not fully submitted their data to provide a formal extension letter outlining the estimated time frame for the submission of the data sets to the Division addressed to Young Joo, Assistant Commissioner David Wessman, or Acting Commissioner Seena Carrington as soon as possible. In addition to the letter, the payer must contact their liaison to discuss next steps.

d. Variance Application Process

Causes of Non-compliance: File Failure

- M. Prettenhofer informed payers that a common reason files are failing include fields that do not meet the Division's thresholds or the adjusted thresholds detailed in the variance request payers submitted. When a payer submits a file and one of the months do not meet the threshold, a *single* month allowance may be applied to address the variation for that particular month.
- Data type mismatch is also a common source of file failure – this may happen with future dates, such as mismatched birthdates. Payers will get feedback from the system on which line the error occurred and is expected to correct the error by updating their file(s) and resubmitting the data. The Division encourages payers to utilize the support documentation ([submission guides](#) and [FAQs](#)) that we have provided on our website as well as your liaison to resolve this problem
- Y. Joo informed the group that the Division will be reaching out to payers who have not completed the variance certification process. When variance request applications have been approved, payers will be required to submit a signed certificate agreeing to the terms of the variance application. Instead of requiring payers to send signed hard copies by postal mail, the Division prefers an email acknowledgement from the designated signatory officer as the primary form of an electronic signature for the certification process. The Division will also accept either a scanned copy of the signed document sent by email, a faxed copy, or a physical copy sent by postal mail.

e. Discussion of Next Steps

- The Division will be reaching out to payers that are not fully compliant to discuss data submissions, extension requests, and variance certifications.

III. Technical Support

a. SENDS+ Quick Tip

- Y. Joo informed payers that if they are encountering issues with storage space due to files generated from SENDS+, then they may

want to delete some of their older files to free up some disk space. The SENDS+ program saves the files to the C drive in the folder C:\Program Files\DHC\FP\Sends+\SENDSOutput.

b. Payer Specific Questions

- A payer representative notified the Division that he had issues with presentation of the window screen, scroll bar, and drop-down menu within SENDS+.
 - The Division will address the window screen/scroll bar going beyond the width of the monitor as well as issues with the drop-down menu for the years with the IT group.
- A payer representative asked if it would be possible to have the submission control ID assigned to submitted files embedded into the edit report name.
 - The Division will discuss the embedding of submission control IDs into the edit report name with the IT group. The current solution is to match the files according to the month and year.
- R. Teegarden from Harvard Pilgrim Health Care asked about date of birth data causing a file failure. The discussions revolved around invalid dates in the file and how to fix this problem.
 - M. Prettenhofer informed payers that if a file has invalid dates, such as future dates or 9999, a payer should either change them to the accurate date or to input null into the field. The Division is focused on data quality assurance that supports accurate and reliable analyses.
- R. Teegarden cited that other states collecting APCD data would accept the data submissions with the invalid dates and the state would nullify the invalid fields.
 - M. Prettenhofer informed payers that Division can look into the process of accepting data submissions in this way
- Beth from United Healthcare requested that the Division publishes the edits that the Division applies.
 - M. Prettenhofer informed payers that the standard edits applied are generally what is found in the submission guide. The Division can look into developing and publishing this document but it may not be very different from information already obtain in the submission guide.
- The Division addressed other payer specific technical questions

c. Discussion of Next Steps

- In addition to addressing issues with SENDS+, the Division will be providing additional resources as well as updating existing documentation for payers to utilize throughout the APCD implementation process.

IV. Additional Items and Next Steps

a. Open Discussion and next steps

- Mary Poulin from Tufts Health Plan reference the data request from October of last year and asked if the data request would be the same this year.
 - Y. Joo stated that the supplementary data submission refers to the submission regulation 114.5 CMR 21.03(2)(a). This is information that the Division needs for Cost Trends analysis – i.e. health care premium report and potentially for TME and RP. If this submission becomes mandatory, the Division will inform payers through various forms of communication including an administrative bulletin.
- Moving forward into the next phase of APCD implementation, the Division will focus on ensuring the data are complete, accurate, and reliable, and we recognize that continued payer participation is vital to ensuring our collective success. The **next TAG call scheduled for Tuesday, July 12th from 2pm – 3pm EST** and subsequent conference calls are scheduled for the 2nd Tuesday of each month. The Division will maintain payer support through the liaisons so please do not hesitate to reach out to us directly if there is anything we can do to be helpful. As a final reminder, the Division will also provide updates to the APCD website (www.mass.gov/dhcfp/apcd) by posting TAG call meeting notes and other support documentation so payers are encouraged to utilize these valuable resources

Meeting Adjourned at 3:00 P.M.